HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970

P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org



PARTI

THIS SPACE FOR OFFICE USE ONLY

RECEIVED

JAN 31 P3:24 .05

STATE OF HAWAII STATE ETHICS COMMISSION

FAX

(Zip Code) 76806

808-599-1600

LOBBYIST REGISTRATION FORM (Type or Print Clearly)

PART I LOBBYIST				
NAME(Last)	(First)	(Middle)	TELEPHONE	
Wisneski	Jessica	Leigh	754-5714	
MAILING ADDRESS (Street)			FAX	
2214A Calif	ornia Ave		290-1600	
(City)	(State)	(Zip	Code)	
Wariawa	HI	a	6786	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				
Hawaii Cle	an Elections		599-1600	
MAILING ADDRESS (Street)			FAX ((
(POBCX 1577	2) 1040 RICHARD	DS ST. Km 305		
(City)	(State)	(Zip	code) 96813 (office)	
Hendulu.	HI	968	306 (for 10. Box)	
PART II ORGANIZATIO	N			
NAME OF ORGANIZATION YOU	J LOBBY FOR (Do not abbreviate)		TELEPHONE	
	ean Election	75	599-1600	
MAILING ADDRESS (Street)			FAX	
POBOX 15	72			
(City)	(State)	(Zip	Code)	
Henolulu	#1	9	6806	
NAME OF PERSON RESPONSIBLE	FOR PREPARING ORGANIZATION'S EX	PENDITURES STATEMENT	TELEPHONE 808-599-160	
Barria Sr	racind or LAW	RE MILLON	208.384.4202	

1040

HI

(State)

Honorara

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY Agriculture Education **Human Services** Science, Technology & **Economic Development** Communications & Government Operations & Intergovernmental Relations, Tourism & Recreation **Public Utilities** Finance International Affairs Consumer Protection & Hawaiian Affairs Labor & Employment Transportation Commerce Culture, Arts, Historic Health Other: (indicate below) Planning, Land & Water Preservation Use Management Ecology, Energy Housing **Public Safety & Corrections Environmental Protection** PART IV **CERTIFICATION OF LOBBYIST**

Jessica Wineski	Jan. 31, 2005		
(Signature of Lobbyist)	(Date)		
PART V AUTHORIZATION TO LOBBY			
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED		
Ira Robber	President		
NAME OF ORGANIZATION (if applicable)	TELEPHONE		
Hawaii Clean Electia	os 599-1600		
MAILING ADDRESS (Street)	FAX		
(POBOX 1572) 1640 RICHAR	Ds ST.#305 "		
(City) (State)	(Zip Code) Street Mile (96806) 96813		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
Tokalitar	1-5-05		
(Signature of Authorizing Officer or Person Represe	nted) (Date)		

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.